

Submission Studio

Form Name: SF-425 (FNS-778/FNS-778A) (10-11)  
 Form Description: Federal Financial Report  
 Program: SNAP Group Residential Housing Project  
 State: MN  
 Agency Code: 2792501 Agency Name: MN DEPT OF HUMAN SERVICES  
 Program Time: December 2017  
 Submission Type: Quarterly Revision: 0  
 Submission Status: Posted

Quit

[Excel] [History] [Audit]

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8. Project / Grant Period (NOTE: Refer to Grant Award Document for dates)		From	To
		10/01/2017	09/30/2018
10. Transactions		Cumulative	
Federal Cash (To report multiple grants, also use FFR Attachment):			
a. Cash Receipts			
b. Cash Disbursements			
c. Cash on Hand (line a minus b)			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			
e. Federal share of expenditures			
f. Federal share of unliquidated obligations			
g. Total Federal share (sum of lines e and f)			
h. Unobligated balance of Federal funds (line d minus g)			

Recipient Share:					
i. Total recipient share required					
j. Recipient share of expenditures					
k. Remaining recipient share to be provided (line i minus j)					
Program Income:					
l. Total Federal share of program income earned					
m. Program income expended in accordance with the deduction alternative					
n. Program income expended in accordance with the addition alternative					
o. Unexpended program income (line l minus line m or line n)					
11. Indirect Expense					
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged
g. Totals:					

11. Indirect Expense			
Period To	d. Base	e. Amount Charged	f. Federal Share







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Form Name: SF-425 (FNS-778/FNS-778A) (10-11)  
Form Description: Federal Financial Report  
Program: SNAP Group Residential Housing Project  
State: WV  
Agency Code: 5499999 Agency Name: Test Agency  
Program Time: December 2017  
Submission Type: Quarterly Revision: 0  
Submission Status: New Submission

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10. Status of Funds		31. Program Benefit		778A-Page 4 (Column 31)	
a. Net outlays previously reported					
b. Total outlays this report period					
c. Less: Program income credits					
d. Net outlays this report period (Line b minus line c)					
e. Net outlays to date (Line a plus line d)					
f. Less: Non-Federal share of outlays					
g. Total Federal share of outlays (Line e minus line f)					
h. Total unliquidated obligations					
i. Less: Non-Federal share of unliquidated obligations shown on line h					
j. Federal share of unliquidated obligations					
k. Total Federal share of outlays and unliquidated obligations					
l. Total cumulative amount of Federal funds authorized					
m. Unobligated balance of Federal funds					

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State: WV  
Agency Code: 5499999 Agency Name: Test Agency  
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778-Page 5 (Item 11)	a. Type of Rate	b. Rate
11. Indirect Expense		

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c. Base	d. Total Amount	e. Federal Share

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**Form Name:** SF-425 (FNS-778/FNS-778A) (10-11)  
**Form Description:** Federal Financial Report  
**Program:** SHAP - Group Residential Housing Project  
**State:** WV  
**Agency Code:** 5499999 **Agency Name:** Test Agency  
**Program Time:** December 2017  
**Submission Type:** Quarterly **Revision:** 0  
**Submission Status:** New Submission

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Remarks	Remarks
12. Remarks: Attach any explanation deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.	<div style="border: 1px solid gray; height: 40px;"></div>